

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BA	70385	6/29/99
O.I.P.E. CLASSIFIER		59158 <sup>49</sup>	7-9-99
FORMALITY REVIEW			

## INDEX OF CLAIMS

.....	Rejected	N	.....	Non-elected
.....	Allowed	I	.....	Interference
(Through numeral).....	Canceled	A	.....	Appeal
.....	Restricted	O	.....	Objected

Claim	Date	
Final	Original	
1	10/28/00	✓
2	11/1/01	✓
3	11/1/01	✓
4	11/1/01	✓
5	11/1/01	✓
6	11/1/01	✓
7	11/1/01	✓
8	11/1/01	✓
9	11/1/01	✓
10	11/1/01	✓
11	11/1/01	✓
12	11/1/01	✓
13	11/1/01	✓
14	11/1/01	✓
15	11/1/01	✓
16	11/1/01	✓
17	11/1/01	✓
18	11/1/01	✓
19	11/1/01	✓
20	11/1/01	✓
21	11/1/01	✓
22	11/1/01	✓
23	11/1/01	✓
24	11/1/01	✓
25	11/1/01	✓
26	11/1/01	✓
27	11/1/01	✓
28	11/1/01	✓
29	11/1/01	✓
30	11/1/01	✓
31	11/1/01	✓
32	11/1/01	✓
33	11/1/01	✓
34	11/1/01	✓
35	11/1/01	✓
36	11/1/01	✓
37	11/1/01	✓
38	11/1/01	✓
39	11/1/01	✓
40	11/1/01	✓
41	11/1/01	✓
42	11/1/01	✓
43	11/1/01	✓
44	11/1/01	✓
45	11/1/01	✓
46	11/1/01	✓
47	11/1/01	✓
48	11/1/01	✓
49	11/1/01	✓
50	11/1/01	✓

Claim		Date
Final	Original	
51		
52		
53		
54		
55		
56		
57		
58		
59		
60		
61		
62		
63		
64		
65		
66		
67		
68		
69		
70		
71		
72		
73		
74		
75		
76		
77		
78		
79		
80		
81		
82		
83		
84		
85		
86		
87		
88		
89		
90		
91		
92		
93		
94		
95		
96		
97		
98		
99		
100		

Claim		Date
Final	Original	
	101	
	102	
	103	
	104	
	105	
	106	
	107	
	108	
	109	
	110	
	111	
	112	
	113	
	114	
	115	
	116	
	117	
	118	
	119	
	120	
	121	
	122	
	123	
	124	
	125	
	126	
	127	
	128	
	129	
	130	
	131	
	132	
	133	
	134	
	135	
	136	
	137	
	138	
	139	
	140	
	141	
	142	
	143	
	144	
	145	
	146	
	147	
	148	
	149	
	150	

**If more than 150 claims or 10 actions  
staple additional sheet here**

(LEFT INSIDE)